

Effective January 1, 2003

RES 2003-1P-01005801

(Column 1)                      (Column 2)

|                                                           |               |              |
|-----------------------------------------------------------|---------------|--------------|
| TOTAL CLAIMS                                              | 24            |              |
| FOR                                                       | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 24 minus 20 = | * 4          |
| INDEPENDENT CLAIMS                                        | 2 minus 3 =   | * 0          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

SMALL ENTITY  
TYPE ☐

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

OR

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18=    | 72     |
| X84=      |        |
| +280=     |        |
| TOTAL     | 822    |

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
| 4          | 5          | 6          |
| 7          | 8          | 9          |
| 10         | 11         | 12         |
| 13         | 14         | 15         |
| 16         | 17         | 18         |
| 19         | 20         | 21         |
| 22         | 23         | 24         |
| 25         | 26         | 27         |
| 28         | 29         | 30         |
| 31         | 32         | 33         |
| 34         | 35         | 36         |
| 37         | 38         | 39         |
| 40         | 41         | 42         |
| 43         | 44         | 45         |
| 46         | 47         | 48         |
| 49         | 50         | 51         |
| 52         | 53         | 54         |
| 55         | 56         | 57         |
| 58         | 59         | 60         |
| 61         | 62         | 63         |
| 64         | 65         | 66         |
| 67         | 68         | 69         |
| 70         | 71         | 72         |
| 73         | 74         | 75         |
| 76         | 77         | 78         |
| 79         | 80         | 81         |
| 82         | 83         | 84         |
| 85         | 86         | 87         |
| 88         | 89         | 90         |
| 91         | 92         | 93         |
| 94         | 95         | 96         |
| 97         | 98         | 99         |
| 100        | 101        | 102        |
| 103        | 104        | 105        |
| 106        | 107        | 108        |
| 109        | 110        | 111        |
| 112        | 113        | 114        |
| 115        | 116        | 117        |
| 118        | 119        | 120        |
| 121        | 122        | 123        |
| 124        | 125        | 126        |
| 127        | 128        | 129        |
| 130        | 131        | 132        |
| 133        | 134        | 135        |
| 136        | 137        | 138        |
| 139        | 140        | 141        |
| 142        | 143        | 144        |
| 145        | 146        | 147        |
| 148        | 149        | 150        |
| 151        | 152        | 153        |
| 154        | 155        | 156        |
| 157        | 158        | 159        |
| 160        | 161        | 162        |
| 163        | 164        | 165        |
| 166        | 167        | 168        |
| 169        | 170        | 171        |
| 172        | 173        | 174        |
| 175        | 176        | 177        |
| 178        | 179        | 180        |
| 181        | 182        | 183        |
| 184        | 185        | 186        |
| 187        | 188        | 189        |
| 190        | 191        | 192        |
| 193        | 194        | 195        |
| 196        | 197        | 198        |
| 199        | 200        | 201        |
| 202        | 203        | 204        |
| 205        | 206        | 207        |
| 208        | 209        | 210        |
| 211        | 212        | 213        |
| 214        | 215        | 216        |
| 217        | 218        | 219        |
| 220        | 221        | 222        |
| 223        | 224        | 225        |
| 226        | 227        | 228        |
| 229        | 230        | 231        |
| 232        | 233        | 234        |
| 235        | 236        | 237        |
| 238        | 239        | 240        |
| 241        | 242        | 243        |
| 244        | 245        | 246        |
| 247        | 248        | 249        |
| 250        | 251        | 252        |
| 253        | 254        | 255        |
| 256        | 257        | 258        |
| 259        | 260        | 261        |
| 262        | 263        | 264        |
| 265        | 266        | 267        |
| 268        | 269        | 270        |
| 271        | 272        | 273        |
| 274        | 275        | 276        |
| 277        | 278        | 279        |
| 280        | 281        | 282        |
| 283        | 284        | 285        |
| 286        | 287        | 288        |
| 289        | 290        | 291        |
| 292        | 293        | 294        |
| 295        | 296        | 297        |
| 298        | 299        | 300        |
| 301        | 302        | 303        |
| 304        | 305        | 306        |
| 307        | 308        | 309        |
| 310        | 311        | 312        |
| 313        | 314        | 315        |
| 316        | 317        | 318        |
| 319        | 320        | 321        |
| 322        | 323        | 324        |
| 325        | 326        | 327        |
| 328        | 329        | 330        |
| 331        | 332        | 333        |
| 334        | 335        | 336        |
| 337        | 338        | 339        |
| 340        | 341        | 342        |
| 343        | 344        | 345        |
| 346        | 347        | 348        |
| 349        | 350        | 351        |
| 352        | 353        | 354        |
| 355        | 356        | 357        |
| 358        | 359        | 360        |
| 361        | 362        | 363        |
| 364        | 365        | 366        |
| 3          |            |            |

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|------------------------------------------------|----------------------------------|-------|------------------------------------|--------------------------|
|                                                | Total                            | *     | Minus                              | **                       |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

**SMALL ENTITY OR OTHER THAN SMALL ENTITY**

| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X42=                |                | OR | X84=                |                |
| +140=               |                | OR | +280=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

| AMENDMENT B                                    | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|--------------------------|
|                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total                                          | *                                         | Minus | **                                          | =                        |
| Independent                                    | *                                         | Minus | ***                                         | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             | <input type="checkbox"/> |

|                     |                |    |                     |                |
|---------------------|----------------|----|---------------------|----------------|
| RATE                | ADDITIONAL FEE | OR | RATE                | ADDITIONAL FEE |
| X\$ 9=              |                |    | X\$18=              |                |
| X42=                |                |    | X84=                |                |
| +140=               |                |    | +280=               |                |
| TOTAL<br>ADDIT. FEE |                |    | TOTAL<br>ADDIT. FEE |                |

| AMENDMENT C                                                             | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
|                                                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total                                                                   | *                                         | Minus | **                                          | =                |
| Independent                                                             | *                                         | Minus | ***                                         | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                           |       |                                             |                  |

|                    |                |    |                    |                |
|--------------------|----------------|----|--------------------|----------------|
| RATE               | ADDITIONAL FEE |    | RATE               | ADDITIONAL FEE |
| X\$ 9=             |                | OR | X\$18=             |                |
| X42=               |                | OR | X84=               |                |
| +140=              |                | OR | +280=              |                |
| TOTAL<br>ADDIT FEE |                | OR | TOTAL<br>ADDIT FEE |                |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.